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APPLICANTS

George Kaladelfos, New South Wales, AUSTRALIA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/SON H DANG/ Examiner's Signature	Initials	AUSTRALIA	7	17

ADDRESS

STINSON MORRISON HECKER LLP
 ATTN: PATENT GROUP
 1201 WALNUT STREET, SUITE 2800
 KANSAS CITY, MO 64106-2150
 UNITED STATES

TITLE

Ligature Carrier

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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